



Incident Report

Print Date/Time: 02/29/2016 15:07

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00003879

Incident Date/Time: 2/27/2016 12:05:53 PM
Location: 20TH ST NE / 130TH DR NE
LAKE STEVENS WA 98258
Phone Number: (425) 268-3018
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0075-Christensen
19D2	SS0112-Warbis
19S10	SS0013-Brooks

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	sylte, daron					
2	Reporting Party	KARZIK, KATHY					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						C16190A	
Involved Vehicle	Passenger Car			Punch		C16190A	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

02/27/2016 : 12:41:13 SP0368 Narrative: TOP NOTCH ADV 5MIN ETA

02/27/2016 : 12:23:12 SP0368 Narrative: TOP NOTCH TOWING ER

02/27/2016 : 12:21:04 SP0368 Narrative: 19D1 - OWNER REQ TOP NOTCH TOWING, WILL NEED FLATBED AS SM TOYT PU
TOWING TRLR

02/27/2016 : 12:11:31 SP0326 Narrative: 4GRN 2 YEL

02/27/2016 : 12:10:04 SP0326 Narrative: 2V BLKING INV

02/27/2016 : 12:08:19 SP0152 Narrative: Narrative added from associated Call #: 494 - 2 veh, suv vs pu, both drivers out of vehs,
blking

02/27/2016 : 12:06:46 sp0204 Narrative: SUV VS TRUCK PULLING TRAILER, ON 20TH

02/27/2016 : 12:06:32 sp0204 Narrative: 2 VEH, UNK INJ, BLKING,


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E519566

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	16-0000387920TH
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	02	-	27	-	2016			1206	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
20TH ST. N.E.		BLOCK NO. <input type="checkbox"/>
		MILE POST <input type="checkbox"/>

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	130TH DR N.E.

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253978046
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LAST NAME	WILLIAMS	FIRST NAME	MORRIS	MIDDLE INITIAL	W
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STREET NEW ADDRESS	612 91ST AVE SE
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CITY	EVERETT	ST	WA	ZIP	982053808
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CDL		RESTRICTIONS	J	ENDORSEMENTS	L
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DRIVER'S LICENSE #	WILLIMW517NH	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08	-	08	-	1949
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C16190A	STATE	WA	VIN#	JT4RN81P1K0033885
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1989	MAKE	TOYT	MODEL	PU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MORRIS WILLIAMS 612 91ST AVE SE LAKE STEVENS WA 98258 D: 4253978046

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 151 9496-C27-47A
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3606314309
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LAST NAME	NOWOTNY	FIRST NAME	AMY	MIDDLE INITIAL	E
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STREET NEW ADDRESS	4514 193RD PL NE
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CITY	ARLINGTON	ST	WA	ZIP	982234767
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	NOWOTAE207NH	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08	-	08	-	1980
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	AJF3321	STATE	WA	VIN#	5N1ED28T73C691532
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	NISS	MODEL	XTERRA	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. AMY NOWOTNY 4514 193RD PLACE NE ARLINGTON WA 98223 D: 3606314309

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA 1509397
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
STEVE WARBIS	112	WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E519566**

CASE #

16-0000387920TH
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		NOWOTNY DAVID P																		
ADDRESS & PHONE # 1924 3RD ST MARYSVILLE WA 982705010														SEX M	D.O.B. MMDDYYYY 05	-	08	-	1981	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		NOWOTNY FOREST P																		
ADDRESS & PHONE # 4514 193RD PL NE ARLINGTON WA 98223														SEX U	D.O.B. MMDDYYYY 07	-	06	-	2012	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		NOWOTNY SIENNA E																		
ADDRESS & PHONE # 4514 193RD PL NE ARLINGTON WA 98223														SEX F	D.O.B. MMDDYYYY 06	-	10	-	2008	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	6	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES		

NARRATIVE

Unit 2 was stopped at a crosswalk. Unit 1, which was towing a trailer, was slowing for unit 2 but was unable to stop in time. Unit 1 struck the rear of Unit 2. Two children from Unit 2 were transported to the hospital to be checked out, unknown injuries. Unit 1 towed from scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

STEVE WARBIS**02-27-16 01:04 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

2/28/2016 2:35:40 PM

BADGE OR ID #

112

ORI #

WA0311900

TIME POLICE DISPATCHED

12:10 PM

TIME POLICE ARRIVED

12:13 PM
PART B 3000-345-160 R (7/06)

PAGE

2

OF

4


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E519566**

CASE #

16-0000387920TH
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		PARZYK KATHLEEN D													
ADDRESS & PHONE # 2107 130TH DR NE LAKE STEVENS WA 98258 4252683018										SEX F	D.O.B. MMDDYYYY 02	-	23	-	1961
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 2 was stopped at a crosswalk. Unit 1, which was towing a trailer, was slowing for unit 2 but was unable to stop in time. Unit 1 struck the rear of Unit 2. Two children from Unit 2 were transported to the hospital to be checked out, unknown injuries. Unit 1 towed from scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

STEVE WARBIS**02-27-16 01:04 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

2/28/2016 2:35:40 PM

BADGE OR ID #

112

ORI #

WA0311900

TIME POLICE DISPATCHED

12:10 PM

TIME POLICE ARRIVED

12:13 PM
PART B 3000-345-160 R (7/06)

PAGE

3

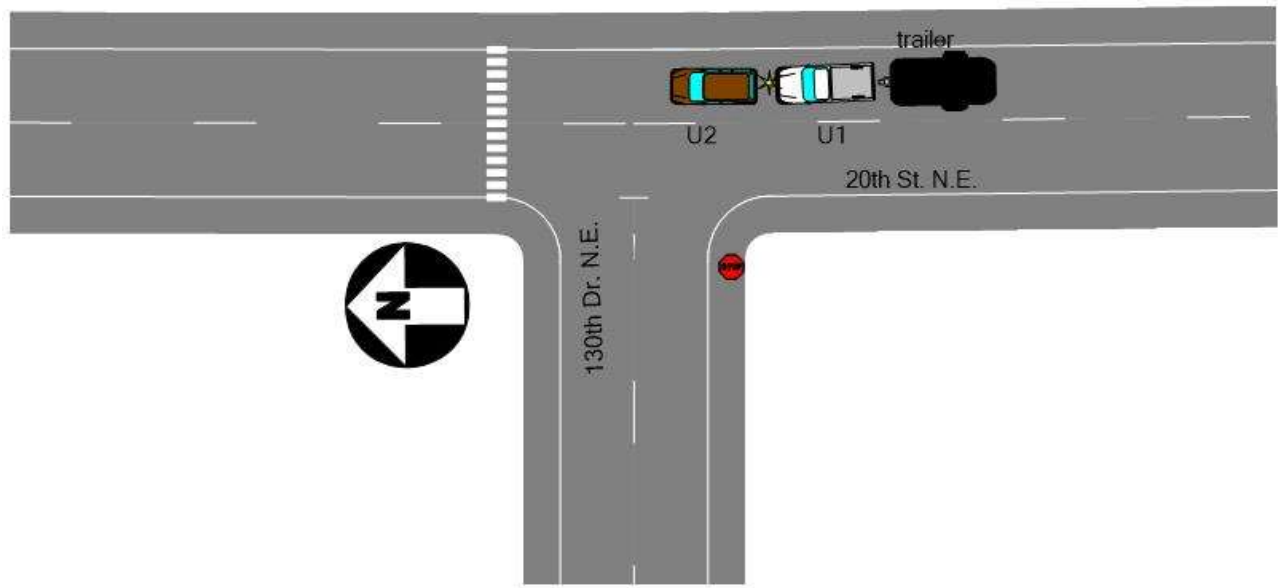
OF

4

REPORT NO. E519566

CASE # 16-0000387920TH

DATE AND TIME
OF COLLISION 02/27/16 12:06





INCIDENT STATEMENT FORM

CASE NUMBER

2016-0000 3879

VICTIM ☐WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Parzyk, Kathleen Denise	RACE W	ETHNICITY	SEX F	D.O.B. 2/23/1961	AGE 55	HGT 5'0	WGT 150	HAIR Brn	EYE Blu
STREET ADDRESS 2107 130 th Dr. NE			CITY Lk. Stevens			STATE WA		ZIP 98258	
HOME PHONE 425-334-3328		CELL PHONE 425-268-3018			WORK PHONE —				
EMAIL ADDRESS (OPTIONAL) kdparz@comcast.net					PLACE OF EMPLOYMENT self				

STATEMENT:

Approx 12 pm I was about to cross 20th St. N.E @ the corner of 130th Dr. NE to go into Catherine Creek Park. We (my grandson, dog and I) were waiting @ the cross walk. A grey SUV stopped for us and as we were about to cross I heard a Loud skidding sound and saw a white truck w/a small trailer crash hard into the back of the SUV. I immediately called 911 and checked to see if anyone was hurt. Help arrived in about 5 min.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Kathleen D. Parzyk

DATE SIGNED:

2/27/16

OFFICER/NUMBER:

J. WAXBIS 112

DATE SIGNED:

2-27-16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page 1 OF 1